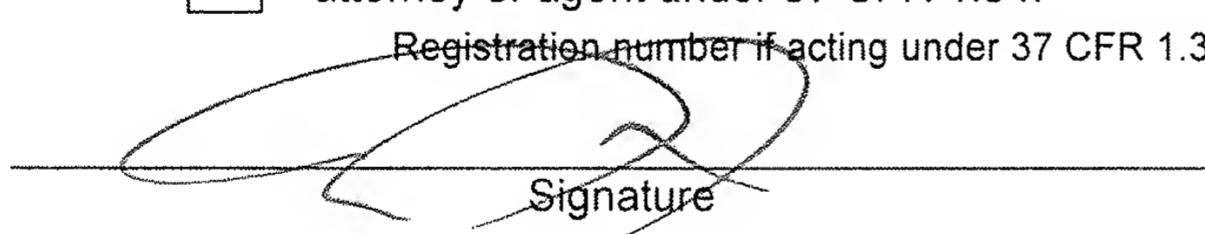


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| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)<br/>FY 2009</b><br><i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                        | Docket Number (Optional)<br>N9810.0032/P032                                 |             |            |                         |  |                                                        |       |      |          |                                                         |       |       |          |                                                           |        |       |          |                                                          |        |       |          |                                                                     |        |        |             |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|-----------------------------------------------------------------------------|-------------|------------|-------------------------|--|--------------------------------------------------------|-------|------|----------|---------------------------------------------------------|-------|-------|----------|-----------------------------------------------------------|--------|-------|----------|----------------------------------------------------------|--------|-------|----------|---------------------------------------------------------------------|--------|--------|-------------|
| Application Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 10/663,817-Conf. #4051 | Filed September 17, 2003                                                    |             |            |                         |  |                                                        |       |      |          |                                                         |       |       |          |                                                           |        |       |          |                                                          |        |       |          |                                                                     |        |        |             |
| For BUCCAL, POLAR AND NON-POLAR SPRAY OR CAPSULE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                        |                                                                             |             |            |                         |  |                                                        |       |      |          |                                                         |       |       |          |                                                           |        |       |          |                                                          |        |       |          |                                                                     |        |        |             |
| Art Unit 1616                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Examiner               | M. Haghigian                                                                |             |            |                         |  |                                                        |       |      |          |                                                         |       |       |          |                                                           |        |       |          |                                                          |        |       |          |                                                                     |        |        |             |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                        |                                                                             |             |            |                         |  |                                                        |       |      |          |                                                         |       |       |          |                                                           |        |       |          |                                                          |        |       |          |                                                                     |        |        |             |
| The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                        |                                                                             |             |            |                         |  |                                                        |       |      |          |                                                         |       |       |          |                                                           |        |       |          |                                                          |        |       |          |                                                                     |        |        |             |
| <table> <thead> <tr> <th></th> <th style="text-align: center;"><u>Fee</u></th> <th style="text-align: center;"><u>Small Entity Fee</u></th> <th></th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> One month (37 CFR 1.17(a)(1))</td> <td style="text-align: center;">\$130</td> <td style="text-align: center;">\$65</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td> <td style="text-align: center;">\$490</td> <td style="text-align: center;">\$245</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td> <td style="text-align: center;">\$1110</td> <td style="text-align: center;">\$555</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td> <td style="text-align: center;">\$1730</td> <td style="text-align: center;">\$865</td> <td>\$ _____</td> </tr> <tr> <td><input checked="" type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td> <td style="text-align: center;">\$2350</td> <td style="text-align: center;">\$1175</td> <td style="text-align: center;">\$ 1,175.00</td> </tr> </tbody> </table> |                        |                                                                             |             | <u>Fee</u> | <u>Small Entity Fee</u> |  | <input type="checkbox"/> One month (37 CFR 1.17(a)(1)) | \$130 | \$65 | \$ _____ | <input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) | \$490 | \$245 | \$ _____ | <input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) | \$1110 | \$555 | \$ _____ | <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) | \$1730 | \$865 | \$ _____ | <input checked="" type="checkbox"/> Five months (37 CFR 1.17(a)(5)) | \$2350 | \$1175 | \$ 1,175.00 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <u>Fee</u>             | <u>Small Entity Fee</u>                                                     |             |            |                         |  |                                                        |       |      |          |                                                         |       |       |          |                                                           |        |       |          |                                                          |        |       |          |                                                                     |        |        |             |
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | \$130                  | \$65                                                                        | \$ _____    |            |                         |  |                                                        |       |      |          |                                                         |       |       |          |                                                           |        |       |          |                                                          |        |       |          |                                                                     |        |        |             |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | \$490                  | \$245                                                                       | \$ _____    |            |                         |  |                                                        |       |      |          |                                                         |       |       |          |                                                           |        |       |          |                                                          |        |       |          |                                                                     |        |        |             |
| <input type="checkbox"/> Three months (37 CFR 1.17(a)(3))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | \$1110                 | \$555                                                                       | \$ _____    |            |                         |  |                                                        |       |      |          |                                                         |       |       |          |                                                           |        |       |          |                                                          |        |       |          |                                                                     |        |        |             |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | \$1730                 | \$865                                                                       | \$ _____    |            |                         |  |                                                        |       |      |          |                                                         |       |       |          |                                                           |        |       |          |                                                          |        |       |          |                                                                     |        |        |             |
| <input checked="" type="checkbox"/> Five months (37 CFR 1.17(a)(5))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | \$2350                 | \$1175                                                                      | \$ 1,175.00 |            |                         |  |                                                        |       |      |          |                                                         |       |       |          |                                                           |        |       |          |                                                          |        |       |          |                                                                     |        |        |             |
| <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.<br><input type="checkbox"/> A check in the amount of the fee is enclosed.<br><input checked="" type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.<br><input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.<br><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to<br>Deposit Account Number <u>04-1073</u> .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                        |                                                                             |             |            |                         |  |                                                        |       |      |          |                                                         |       |       |          |                                                           |        |       |          |                                                          |        |       |          |                                                                     |        |        |             |
| <b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                        |                                                                             |             |            |                         |  |                                                        |       |      |          |                                                         |       |       |          |                                                           |        |       |          |                                                          |        |       |          |                                                                     |        |        |             |
| I am the <input type="checkbox"/> applicant/inventor.<br><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.<br>Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).<br><input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>32,115</u><br><input type="checkbox"/> attorney or agent under 37 CFR 1.34.<br>Registration number if acting under 37 CFR 1.34 _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                        |                                                                             |             |            |                         |  |                                                        |       |      |          |                                                         |       |       |          |                                                           |        |       |          |                                                          |        |       |          |                                                                     |        |        |             |
| <br><u>Signature</u><br><u>James W. Brady, Jr.</u><br>Typed or printed name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                        | <u>January 8, 2009</u><br>Date<br><u>(202) 420-4786</u><br>Telephone Number |             |            |                         |  |                                                        |       |      |          |                                                         |       |       |          |                                                           |        |       |          |                                                          |        |       |          |                                                                     |        |        |             |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                        |                                                                             |             |            |                         |  |                                                        |       |      |          |                                                         |       |       |          |                                                           |        |       |          |                                                          |        |       |          |                                                                     |        |        |             |
| <input type="checkbox"/> Total of <u>1</u> forms are submitted.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                        |                                                                             |             |            |                         |  |                                                        |       |      |          |                                                         |       |       |          |                                                           |        |       |          |                                                          |        |       |          |                                                                     |        |        |             |